PLE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3b U5331

### CERTIFICATE OF DEATH

eg. Diat. No. 265

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)  State
3. (a) FULL NAME  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  8. (b) Name of husband or wife  6. (c) If alive, give age  7. 8irlh date of deceased (mo., day, yr.)  8. AGE: Years  Months  Days  If less than one day	3. (b) Social Security Number 2/9-0/-382.7  MEDICAL CERTIFICATION  20. DATE DF DEAT  19.48. at 3. A
9. Birthplace	Due 1
Address Marion Date thereof. Marion (month) (day) (year)  Cemetery or crematory. Medical marion director. Address Marion	Autopsy results
19. May 10 19 +8 New Ditter (Registrar)	Addres respect New May 8148

## RECEIVED MAY 17 1948

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: Somerset Curisfield City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 12 hours Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Slate
3.(a) FULL NAME (2) (1) Clarise Linda Bradshaw	3. (b) Social Security Number
4. Sex   5. Color or race   8.(a)Single, married, widowed, or divorced  Female   White   Single   E	MEDICAL CERTIFICATION  20. DATE OF DEATH MAY 19.48 2/22/15 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19 4 8 to 20 19 48 and that I tast saw here along the control of
9. Birthplace	Due to December 1977 Planets 246es
12. Name Rollins Bradshaw   13. Birthplace Crisfield, Maryland   14. Maiden name Lucile Harper	Other conditions
Rollin's Bradshaw  Address Kingston, Maryland  11. Burial Dale thereof May 15, 1948  (Burial gramston or removal Which?)	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Cemelery or cremalory Crisfield, Cometery  Localion Crisfield, Maryland  18. Funeral director H. Harvey Bradshaw  Addrese Crisfield, Maryland  19. May 15. 18.48 Janice & Spine	Where did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Maens of injury  tnjured at work?  23. SIGNATURE  M. D. or other  Address Manager State 1



# WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING

# MARGIN PLEASE WRITE PLAINLY, is especially

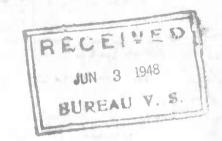
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05333 Reg. Dist. No. 265

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty Samoyar	
(If outside city or town limits, write RURAL and give nearest town) ow long in above place of death?	State Md County Durnewat
(If odeside city of town mans, with Kottal and give nearest town)	City or town
ow long in above place of death?	
ospital, institution, or street address where death outsides.	Street No. 319 D. Just St.
	(If rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name war.
. (a) FULL NAME	3. (b) Social Security Number
13 hiss . Saulan Das	
Sex   5. Color or race   6.(a)Single, married, willowed, or divorced	yton none
5. Color of race C.(5) Single, married, windwed, or elected	MEDICAL CERTIFICATION
Mala White Suich	20. DATE OF DEATH May 28 19 48 21 8 C. M
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	March 19 19.48 10 May 28 19.4 8
Birth date of	and that I last saw h alive on
deceased (mo., day, yr.) 1945	Immediate cause of death.
. AGE: Years Months Days If less than one day	Lymphosonoma 5 moul
2 7 20hrsmin.	
. Sirinplace (Tork, county, and atate)	Oue to
C., G.	
D. Usual occupation.	Due fo
1. Industry or business	
12. Name Jelayton	Other conditions
6	Other conditions
13. Birthplace Cantraly to	(Include pregnancy within 3 months of death)
14. Maiden name Mary R O Saylow	
15. Birthplace Curling	Major findings of operations.
	- Date of op.
6. Informant	Astopsy results.
Address love free DO	PHYSICIAN: Please anderline the casse to which death should be charged statistically.
6 512 1.10	22. VIOLENCE: If death was due to external causes, fill in the following:
7. Burial, cremation, or removal, Which?)  Date thereol	Accident, suicide, or homicide
Cemetery or crematory During 171 alg &	Where did Injury occur? (City or 50wn) (County) (State)
Location loxy Jue D	Injured at home, farm, Industry, public place (where?)
, , , , , , , , , , , , , , , , , , , ,	Means of Injury Injured all work?
8. Funeral director. Julia & B. Bourg town	
Address landing & Too	- 2 SENERIES C & Rawley mys
2 1/0 . 51.	23. SIGNATURE
May so U19 48 Jance G. Spires	Address Crishield md Date signed 5/29
(Date rec'd by registrar) Registrar	Address Current Rate signed



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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

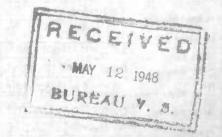
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00	CE	ノズ	1	4

1. PLACE OF DEATH: Somerset Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
1011117	State Maryland County Somerset Co.		
City or town Near Pocomoke R.F.D. 1 (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town Near Pocomoke City R. F. D. 1 (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or atreet address where death occurred:	Street No.		
	(If rural, give LOCATION)  2.(a) If veteran, name war First World War		
How long in hospital or institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
Jessie Thomas Cottman	216-12-1439		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male   Colored   Married	20. DATE DF DEATH May 9. 19 48 21 345 Pm		
6.(b) Name of husband or wife. Vergie A. Cottman	2t. I CESTIFY that death occurred on the date above stated: that retrement decreased from		
7. Dirth date of	19to		
7. Dirth date of deceased (mo., day, yr.) March 9. 1897	and that last say in all we the Gent DURATION		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death		
51 2 0hrsmin.	a curred went		
9. Birthpiace Costen Station, Somerset Co, Md,	Bue to 1 Comment		
in Usual occupation Farming & Milling			
	Due to		
11. Industry or business 富 Sidney Cottman			
Company of Constant Constant	Diher conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings of operations.		
14. Malden name Annie Stevens 15. Birthplace Somerset County, Maryland  Mrs Vergie A. Cottman	Date of op.		
16. Informant Mrs Vergie A. Cottman	Autopsy results		
Address Pocomoke City, R.F.D. 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial Date thereof 5/13/1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, All in the following:  Accident, suicide, or homicide		
(Burlul, cremation, or removal. Which?) (month) (day) (year)	OF EL WILLIAM		
Cemetery or crematory Tinley Chapel Cemetery	Where did injury occur?		
	I injured at home, farm, industry, public place (where?)  Means of injury  tnjured at work?		
18. Funeral director Howard G. Will	missiz or taler?		
Address 901 Market St. Pocomoke City, Md.	23. SIGNATURE A TECHNIA Listery M. D.		
Date rec'd b registrar) 19 48 Mus Blayton Hare Registrar	Address Price Delta Signed 5/1/88		

ALLEGA THURSDAY SEATS SHARE AND THE STATE OF THE STATE OF

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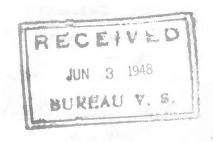
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### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore

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Diat.	U	ch	2	-
 Dist	No		ماما	2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or fown	State County County
How long in above place of death?	City or town (If outside city or lown limits, write RURAL and give nearest town)
How long in above place of death r	. 10
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
3. (a) FULL NAME	3. (b) Social Security Number
John Mª Polellan We	25.
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mad idea to be desired	20. DATE DE DEATH 29 29 19 48 at 6 A M
a come with a constant	
6.(b) Name of husband or wife are that	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May 1 19 18 8 10 may 24 19.48
7. Birth date of deceased (mo., day, yr.) May ( 1864 '	and that I last say h. Ld. A. alive on
8. AGE: Years   Months:   Days   If less than one day	Immediate cause of death DURATION
3. 7.02.	Nother way levels of
84 23min.	
9. Birthplace	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Name John Dr. Keys	Other conditions
12. Name John Dr. Herry  13. Birthplace M.	
	(Include pregnancy within 3 months of death)
14. Maiden name Macara Machaele  15. Birthplace	Major findings of operations
E 15. Birthplace 0000	Date of op.
16. Informant Plungs Winstead	Autopsy resolts
0 , 0 - 0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof. (month (day) (lear)	Accident, suicide, or homicide
	Where did Injury occur?
A	Where did Injury occur?
Location January De Ma	Injured at home, farm, industry, public place (where?)
18. Funeral director. It was a language of language.	Meens of Injury Injured at work?
	Charles I alacen The
Address language Took	23. SIGNATURE COLLEGE TO COMMANDE
10 May 31 10 AD Janier E. Spine	M. D. or other
(Date rec'd   registrar) Registrar	Address Date signed



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

159

U533265

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Naryland  County Somerset  City or town  (If outside city or town limits, write RURAL and give nesrest town)  Sireet No.  (If rural, give LOCATION)  ***********************************
3.(a) FULL NAME Infant Forbush	3. (b) Social Security Number None
4. Sex   5. Color or race   5.(a)Single, married, widowed, or divorced   Male   White   Single	MEDICAL CERTIFICATION  2D. DATE OF DEATH May 2 nd 19.48 at 200 P.
6,(b) Name of husband or wife None  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  May 2, 1948	and that I last eaw h alive on 19
R. AGE: Years   Months   Days   If less than one day   NO   NO   1	Immediate cause of death OURATION
9. Birthplace	Due to
Rebecca Weber  14. Maiden name Crisfield, Md.	(Include pregnancy within 8 months of death)  Major findings ol operations.  Date of op.
Guss Forbush, Jr.  Address Crisfield, Md.	Antopsy results
Burial Date thereof Nay 3, 1948 (Burial, cremation, or removal, Which?) (Crisfield, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Crisfield, Md.  H. Harvey Bradshaw  Address Crisfield, Md.	Meene of injury Lucase Couldman 700
19. May 2 ms 19. 48 nellie Dry Lew	23. SIGNALUBE.  M. D. or other  Full 1

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MAY 11 1948

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PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1318

05337

### CERTIFICATE OF DEATH

Reg. Dist. No. 3.60

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County James sell	(For newborn infinits give residence of mother)
City or town Carnes Querter	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Marias Greater
How long in above place of death?	(If outside city or town limbs, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
A	
3. (a) FULL NAME	3. (b) Social Security Number
Carrie Clause Janes	220-01-7258
4. Sex   5. Color or rad   8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
E 0.91 m.	
le. lot. Marries	20, DATE OF DEATH May 24 19 48 at M
Man and the Consession	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband	
6.(c) It afte, give age 53 years	
7. Birth date of 1/200	and that I last saw h alive on
deceased (mo., day, yr.) Jour. 16, 1897	Immediate cause of death Curring DURATION
8. AGE: Years Months Days If less than one day	+ 3 here
49hrsmin.	
6 - 6 + 8 . Med	Clarate lathaches
9. Birthplace Town, county, and state)	Due to.
Hown, county, and state)	
10. Usual occupation.	Due to.
11. Industry or business	*.
12. Name Jessey James James 13. Birthplace Dames Que ter, Md.	Other conditions
13. Birthplace Names Quelenter, Ma.	(Include pregnancy within 8 months of death)
Manual hugan 1	
14. Maiden name Mary Bruen. 18.	Major findings of operations
E 15. Birthplace Variation Guarter, Ma.	Date of op.
alanguage Charles	Aptopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Varues Greshber, Mt. IT 41	
Busia 0 18 18 118	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removar, Which?)  Date thereol	Accident, suicide, or homicide
Marilea Chila Teasa	Whera did injury occur?
Cemetery - cematory	
Location Gauses Guarden, My.	Injured at home, farm, Industry, public place (where?)
Col a Garage Stand	Means of Injury Injured at work?
18. Funeral director	
Address Marion Stan And.	Track matus hus
157 110 n 51/11	23 SIGNATURE M. D. C.
125 50 K. N. Johnson 1	The second of the
(Date rec'd by registrar)	Address Date signed



WRITE PLAINLY, is especially

PLEASE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

05338 No. 265

					Reg. Dist. No
1. PLACE OF DEATH:  county			est town)	Street No. Main Stree	County Somerset  we limits, write RURAL and give nearest town)  tral, give LOCATION)
J	ames B.	Keister			J. (b) Decial Security Number
4. Sex Male	5. Color or race White				AL CERTIFICATION th 1948 1:00
6.(b) Name of husband 7. Birth date of deceased (mo., day,	March	erine M. Keisto 5.(c) If allve, give age	years	and that I last saw halive on	O WESON FOUND
8. AGE: Years		Days If less than one day	min.	Immiliate cause of death	al arteria
10. Usual occupation.  11. Industry or busines  H 12. Name	Retired  illiam K Unknown L. Pric Unknown therine	Dentist eister e. M. Keister		(Include pregna DE) Major findings of operations	A Coulbourn M. D.  AM H. Coulbourn M. D.  A SOMERSET COUNTY, MD.  Bate of op.  Date of op.
Buria: (Buria: Cemation Cemetery or crematic Cri: Location Cri: 18. Funeral director	l , or removal. Which: Sunny sfield, M Hubbard	Ridge d. & Covington	1948 y) (year)	22. VIOLENCE: If dan was droubled Accident, suicide, or homicide	r town) (County) (State) place (where?)



### RECEIVED

MAY 27 1948

2411 N. Charles St., Baltimore

940

### CERTIFICATE OF DEATH

05339 Reg. Dist. No. ...2.64

County					(For newborn infants give residence of n	nother)		
				1	State Maryland Coun	, Somerset	***************************************	
	(If outside	le city or town	etime	RURAL and give nearest town)	Crisfield	write RIPAL and give no	rest town)	
How long in above place of death?  Hospital, institution, or street address where death occurred:			d:	(If outside city or town limits, write RURAL and give nearest town)  309 Main St.				
Main St.					(If rural, give LOCATION)			
How tong in hospital or institution? ************************************					2.(a) if veteran, name war *****	*		
3. (a) FULL N						3. (b) Social Security	Number	
Samuel Gordon Lawson						None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced				le, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male		White	Ma	rried	20, DATE OF DEATH more 2	-nl 19.48	at 6 A:	
		. Bla	nche I	Lawson	21. I CERTIFY that death occurred on the date above			
6.(b) Name of hus		116		(c) tf alive, give age 60 years	Tibrary 199			
7. Birth date of			y 12,		and that I last saw homealive on	<u> </u>	19.7-8	
deceased (mo.,	day, yr.) Years	Months	Days	I If less than one day	Immediate cause of death	<i>d</i> -	1	
e. Aue:	65	. 8	20	hrs min.	myscardial	- Luke	1 carte	
1	0.3	Cri	1.00	d-Somerset-Md.		- 1-in	5.00	
.9. Birthplace		(Town	, county, and	atate)	Due to.			
10. Usual occupa	ation	Emb	almer	and	Due to Coronary Visa	Joies	5-4NS	
11. Industry or bu	usiness	Fun	eral I	Director			<b>/</b>	
至 12. Name		I.	Samuel	Lawson	Other conditions Dan atoil	tributes	20 MA	
12. Name	e	Cris	sfield	i, Md.	(Include pregnancy within 3 m		0	
当 14. Maiden	name	Ella	Beds	worth				
14. Maiden 15. Birthplac	e	Cris	sfield	d. Md.	Major findings of operations			
				iche Lawson	Autopsy results.			
16. informant				l. Md.	PHYSICIAN: Please underline the cause to wh	ich death should be charged	statistically.	
Address				/	22. VIOLENCE: tf death was due to external cause			
17(Burial, crem	nation, or			reof. May 4, 1948 (month) (day) (year)	Accident, sulcide, or homicide	Date of		
Cemetery or cr		Siini	ny Ric	lge Cemetery	Where did injury occur?(City or town)	(County)	(State)	
Location			ewell,	Crisfield, Md	Injured at home, farm, industry, public place (wh			
Location		H. I		7 Bradshaw	Means of injury	injured at work?		
18. Foneral direc	ctor			l, Md.		1		
Address		011	21 161	i, isiu.	23. SIGNATURE S. M. Pay	ton m. it	or other	
19. May	14	19 48		ance 6. Spins	Du Cristall n	M. D.		
(Dake man's	har mornigh	ror)	//	#Registrar	Annrace	Late Signed.	and the second second second	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correcting is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

940

City or town	merset Fairmount foutside city or town E ace of death? 40 or street address where or Institution?	Years death occurred	••••••	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
		tie Re	velle	3. (0) Social Security Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION
female	white		owed	20. DATE OF DEATH May 20 19 19 19
114	unkn		e) If alive, give ageyea	and that I last saw halive on
	ars   Months	Days	If less than one day	Immediate cause of death. Command DURATION Coulch
10. Usual occupation  11. Industry or busin	House Home Elijah Tul	wife	tate)	Due to.  Due to.  Due to.  Differ conditions. Case proof arhur delica.
md1	Manokin,	Hall Md.	) )	Major findings of operations.  Date of op.
Address  17. Buria (Burial, crematic Cemetery or crematic Location  18. Funeral director.	Fairmount,  1 on, or removal. Which?	Date there Cemete , Md. Brads	01. 5/23/48 (month) (day) (year)	PHYSICIAN: Please underline the cause which death should be charged statistically.  22. VIOLENCE: If death was due to external classes, fill in the following:  Accident, suicide, or homicide
19. (Date rec'd by	2 48	P	Denason M. Registra	23. Signature M. D. or other  Address Date signed 5 / 5 / /



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

(15341 Reg. Dist. No. 265

1. PLACE OF		Cama	rant		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	or town				Slate Maryland County Somerset		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?					Crisfield  (If outside city or town limits, write RURAL and give nearest town)  RFD 1  Street No. (If rural, give LOCATION)		
How long in hospital or institulion:*******					2.(a) If veleran, name war*******		
3. (a) FULL N				lla Sterling		3. (b) Social Security N	umber
4. Sex Female		Color or race		e, married, widowed, or divorced	MEDICAL (	CERTIFICATION	630 8
6.(b) Name of husband or wife					21. I CERTIFY that death occurred on the date a	947, 10 May 18	
8. AGE:	14, 71.7 1ears 59	Months	Days 3	If less than one day	Immediate cause of death	Desert,	MOITARUD
9. Birthpiace					Due to Orchheuse	Dolates	
11. Industry or bus		Home			Due to		***************************************
12. Name		Edwi Cris	a F.	Sterling, Md.	Other conditions		
14. Maiden na 15. Birthpiace	ıme	*		cCready	(Include pregnancy within a		
16. Informant				Sterling  Md.	Autopsy results	which death should be charged st	atistically.
		Bur j	a hate the	eof May 2D 1948 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or cre	matory		P.	Cemetery	Where did injury occur?(City or town	(County)	(State)
Location			2"	l, Md.	Injured at home, farm, Industry, public place (	(where?)	
18. Funeral director H. Harvey Bradshaw					Means of Injury		
Address Crisfield, Md.					23. SIGNATURE CEGO EBUT		}
19. May	y registr	) 19 48 ar)		ancie E. Spries	Address Marinolo	Date signed	



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legibly.

of death clearly and

information careful

## BINDING item of RESERVED FOR ADING MARGIN PLEASE WRITE

CERTIFICATE OF DEATH

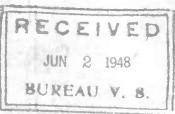
Rog, Dist, No. 265 USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) Maryland Somerset (if outside city or town limits, write RURAL and give nearest town) Street no number

(Date rec'd by registrur)

Janice 6. 4

23. SIGNATURE.

PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
or iswa	State Maryland Ceucity Somerset  City or fown Crisfield  (If outside city or town limite, write RURAL end give nearest town)  7th Street (no number)  (If rural, give LOCATION)  ***********************************		
pepital, institution, er etreet edgress where death eccurred:  /th street  *********************************			
Total III Testine II	2.(a)   1 Veteran, name war.		
(a) FULL NAME ANNIE PEARL SUTTON	3. (b) Social Security Number None		
Sex 5. Celor or race 6.(a) Single, married, widowed, or divorced Female Colored Single	MEDICAL CERTIFICATION  20, DATE OF DEATH. May 28 18.48 11 10		
(b) Name of bushand or wife	21. I CERTIFY that death occurred of the date above slated; that I attended deceased from  May 8 18 48 to May 28 18  and that I last eaw h		
. AGE: Years Months Days If less than one day NO 2 17hremin.	preumonia broachiel 3 de		
. Birthplace Crisfield-Somerset-Md. (Town, county, and state) None  0. Usual accupation.	Due to.		
1. Industry or business None	Due te		
John Green	Other cenditions		
13. Birthplace Crisfield, Md.			
14. Maiden name Pearl Sutton	(Include pregnancy within 3 months of death)  Major findings of operations  Bate of op.		
15. Birthplace Crisfield, Md.			
Pearl Sutton	Autopsy results		
Address Crisfield, Md.	PHYSICIAN: Please underline the cense to which death should be charged statistically.		
Burial   Burial   Date therest May 29, 1948     Burial   Cemetery or crematory   Lawsonia Colored Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or hemicide		
Lawsonia, Crisfield, Md.	Injured at home, form, industry, public place (where?)		
B. funeral director. H. Harvey Bradshaw	Maane of injury Injured at work?		
Address Crisfield, Md.	23 SIGNATURE C. G. Rawley Mal.		



PLAINLY, v is especially

PLEASE WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CEPTIFICATE OF DEATH

05343

1	Reg. Diat. No.
1. PLACE O DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED (For pumborn inferes give residence of mother)  State
James Taylor	3. (b) Social Security Number 213-24 70307
4. Sex O. Fe. S. Cotor or race 6. (1) single, married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATH MAY 264 1948 214:000
6.(b) Name of mostors or wife Katherine Taylor	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.48 to 10.700 ay 26 19.48
7. Birlh date of deceased (mo., day, yr.) Oug 29-1904  8. AGE: Years   Months   Oays   If less than one day	Immediate cause of death
9. Birthplace Sholtowe Soverset, Md.	Mitral Fosupticipany + 4rs Due to Aisease Compitible
to. Usual occupation. Saborer	Due to.
12. Name Unkown	Other conditions
t4. Malden name	(Include pregnancy within 3 months of death)  Major findings et operations
to. Informant / allerine laylor  Address Manakine Post Direction	Autopsy results
17	22. VIOLENCE: If death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Location Manakin Manakin Manakin	Where did injury occur?
Address Marion Sta. Md.	Means of Injury  Injured at work?
19. 5/28 1948 R.N. Johnson M.	23. SIGNATURE M. D. or other



WITH UNFADING INK. Supply every item of information care important. Physicians: please write the causes of death clearly

SE WRITE

PLEA

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SA

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

		Reg. Disc. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence) f	DECEASED:	
County	7. 04.	9	
(If outside city or town finits, write RURAL and give nearest town)		oty	
How long in above place of death? 16 months	Cily or town	write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)		
	Street No. (If rural, give l	LOCATION)	
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME		3. (b) Social Security Number	
Henry James Ward		216-12-1874	
4. Sex 5. Color or rade 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male Col widowes	20. DATE OF DEATH May	19 48 at 5 C	
6,(b) Name of husband or wife Edith word	21. I CERTIFY that death occurred on the date above		
	Rac 1 19.5	17 10 my 4 19 4	
7. Birth date of	and that I last saw halive on	No.	
deceased (mo., day, yr.) July 13-1883	Immediate cause of death		
8. AGE: Years Monihs O Days If less than one day	Lucia and	Dea 7 Hel / wells	
64 9 21min.			
9. Birtholace Holesvell Somerates Ma	Due to.	***************************************	
9. Birthplace	Claire myrane	e la	
tD. Usual occupation. data	Due to Oliman Out		
t1. Industry or business	Due 10		
	Bither conditions Pauso orles &	Clival	
12. Name Word Word 13. Birthplace Hopewell somerates by			
	(Include pregnancy within 3 m	onths of death)	
14. Maiden name teller stemard	Major fiadings of operations		
E 15. Birthplace Westernes Somers of Mil		Date of op.	
16. Informant Churles H Ward	Autopsy results		
Address maxion Sta Md	PHYSICIAN: Please onderline the cause to whi	ch death should be charged statistically.	
O was been to lave	22. VIOLENCE: If death was due to external caus	es, fill in the following:	
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	Date of	
Cemetery or crematory for freshell	Where did Injury occur?(City or town)	(County) (State)	
Location Eusfeld R.J. D. 2 mod	Injured at home, farm, industry, public place (who		
18. Funeral director.	Means of injury	Injured at work?	
	0 00		
Address Marion Ma	23. SIGNATURE Presyo Colour	Clan mon W	
10 may 6 th 148 nellie Druden	man	M. D. or other	
(Date rec') by registrar) Registrar	Address Municipal	20 Date signed 3-6-70	

RECEIVED

MAY 11 1948